

**Iowa State Innovation Model**  
***Healthcare Innovation and Visioning Roundtable***

April 20, 2018 9:00 am – 11:00 am

**Greater Des Moines Botanical Garden**

Room/Location: DuPont East  
909 Robert D. Ray Drive, Des Moines, IA 50309

**Meeting Minutes**

**9:00 – 9:10am: Welcome, Introductions and Purpose of Meeting**

Jerry Foxhoven, Director, Iowa Department of Human Services, opened the meeting and welcomed participants to the third Roundtable meeting. Director Foxhoven invited Roundtable participants to briefly introduce themselves; members introduced themselves to group. Director Foxhoven acknowledged a positive visit from federal partners last week and noted that while the Department must meet requirements of the SIM grant, the work of the Roundtable is more than just what is required of a federal grant. Director Foxhoven reiterating the purpose of the Roundtable, highlighting the need for transformation in delivery and financing of healthcare, and shared today's meeting objective for identification and advancement of workgroup topics that will ultimately lead to a set of recommendations for a sustainable healthcare system in Iowa.

**9:10 – 9:30am: Recap of February Roundtable Discussion**

Hemi Tewarson, Director, Health Division, National Governors Association Center for Best Practices, provided a brief overview of the meeting agenda, noting that much of the meeting would involve discussion of the purpose and structure of the workgroups to assist in the development of recommendations to build an improved and sustainable healthcare system in Iowa. In recapping the February Roundtable meeting, Ms. Tewarson commended the group on work done developing a vision during the February Roundtable meeting and again highlighted the Roundtable's upcoming work in developing recommendations to be presented to Governor Reynolds.

David Rogers, Managing Principal, Health Management Associates, provided a brief recap of discussion during the February Roundtable meeting. In addition to the vision statement established during the February Roundtable meeting, he also highlighted the results of the emerging themes vote and the pillars or non-negotiable items that were articulated during the discussion at the February Roundtable. After recapping the February discussion, Mr. Rogers suggested prominent themes that have emerged from previous roundtable meetings.

**10:30 – 10:50am: Workgroup Focus Areas and Next Steps**

Lori Coyner, Managing Principal, Health Management Associates, facilitated a discussion among Roundtable members on how emerging themes can translate into workgroups. Ms. Coyner

began with assessing participants agreement with the prominent themes suggested and whether these reflected what the thinking has been in previous Roundtable meetings. The prominent themes were:

- Health Communities, and
- Use and Sharing of Data

Roundtable members raised some questions regarding themes. For example, it was suggested that transparency and education could be an overall umbrella theme. There was also discussion of reducing cost to business and consumers and how this related to the non-negotiable attribute of affordability. Views were articulated that some themes could be viewed as attributes or outcomes, and Ms. Coyner referenced the use of non-negotiable pillars as filters for decision making in the work of the Roundtable and associated workgroups.

There were questions and discussion about where Medicaid fit in and how this relates to sustainability given 1 in 4 Iowans are on Medicaid. There was discussion of how involvement of payers, including Medicaid, is needed for charges to workgroups. There was also recognition that healthy communities needed to address healthy businesses and healthy workers. While recognizing who's paying for care has an impact, there was discussion regarding designing health communities with payer agnostic principals.

In addition to discussion of attributes for healthy communities, there was discussion among roundtable participants regarding partners and the need to engage local communities. It was noted that partners include community leadership. An example was provided related to the development of crisis access centers, which included local law enforcement leaders at the table. Discussion reinforced that partners not just include public health or the healthcare system.

There was considerable discussion of the impacts of transition and how moving to healthy community may change how resources are needed and used. This discussion included noting challenges with dependencies and barriers, such as opportunities to close bricks and mortar facilities if applicable. There was discussion on the need to change the dynamic so that asking communities to help transform service delivery did not create unplanned disruption.

There was further discussion on how to help the communities transform, particularly related to how to equip communities with a standard set of skills and tools, such as evidence based resources, while addressing unique aspects of Iowa and establish local parameters, such as urban and rural characteristics.

There was discussion on the enormity of potential scope related to use and sharing of data. There was a specific suggestion to rephrase the topic to focus first on sharing, then on use. Considerable discussion focused on the greatest data needs from a service delivery perspective, including claims data necessary to predict utilization changes in individuals and populations. The discussion moved to the need for interventional data that is actionable and timely besides longer term claims information. Further discussion highlighted the need to use data to transition from volume-based to value-based payment, including the viability of standard measures across payers.

Additional discussion focused interoperability at the point of service, including barriers and addressing what needs to evolve to solve identified barriers. There was also a recognition that more examination

was needed on emerging technologies, such a telemedicine, and how these impact system transformation and sustainability.

As part of the facilitated discussion, Roundtable participants suggested changes to “strawman” workgroup charges to provide direction to workgroups on the development of specific recommendations –

**Healthy Communities Workgroup** should be charged with creating a three (3) year Roadmap that:

- Defines the attributes of a healthy community;
- Outlines partners inside and outside the healthcare system needed to develop healthy communities;
- Incorporates payer agnostic principles/all people thrive;
- Acknowledges and plans for dependencies and economic impacts with transition;
- Measures and milestones of success.

**Sharing and Use of Data Workgroup** was charged with creating a three (3) year Roadmap that:

- Acknowledges and plans for emerging technology;
- Addresses capabilities, interoperability, alignment, standards;
- Key elements:
  - Point of service
  - Identification of high needs/high utilizers
  - Total cost of care/claims
  - Standardization

After discussion of the workgroup charges, Ms. Coyner reviewed the next steps of the Roundtable workgroups. She reviewed a proposed timeline for workgroup meetings from May through July 2018, with workgroup recommendations finalized in late July or early August 2018. This includes a schedule launch of Roundtable workgroups on May 17<sup>th</sup>. She also reviewed that role of Sponsor as a Roundtable member that functions as liaison between Roundtable and sponsored workgroup. The sponsor will also work with Department to develop workgroup charter and monitor progress of sponsored workgroup. Director Foxhoven reiterated that the Department would provide support for the workgroups. Ms. Coyner indicated that staff would refine workgroup charges for distribution to Roundtable members.

Ms. Coyner also addressed subject matter expertise for the workgroups, including support from national experts and experts in other states. She highlighted a specific call to action that Roundtable members identify subject-matter experts with technical proficiency in focus area to attend workgroup meetings with decision-making authority and contribute to developing recommendations for the Roundtable. Ms. Coyner noted that participation on workgroups should be limited to sponsor(s) and 8-11 volunteers per workgroup. Volunteers for workgroups need to be submitted by April 27<sup>th</sup>.

#### **10:50 – 11:100am: Next Steps**

Director Foxhoven thanked the group for their participation and reiterated the call to action for Roundtable members to identify individuals with decision making authority within their respective organizations to participate in Roundtable workgroups and to submit interest in sponsoring a workgroup and volunteers for workgroups to the Department by April 27<sup>th</sup>.